



UNITED STATES MARINE CORPS
2D BATTALION, 24TH MARINES,
23D MARINE REGIMENT, 4TH MARINE DIVISION
PHILIP H. SHERIDAN RESERVE CENTER
3155 BLACKHAWK DRIVE
FORT SHERIDAN ILLINOIS 60037-3155

IN REPLY REFER TO:

1000

S-1

18 Oct 21

SECOND ENDORSEMENT on SSgt Wallace's AA form 1000-34 dtd 4 Oct 21

From: Inspector-Instructor

To: Deputy Commandant Manpower & Reserve Affairs

Via: (1) Commanding Officer, 23d Marine Regiment
(2) Commanding General, 4th Marine Division

Subj: REQUEST FOR COVID-19 IMMUNIZATION EXEMPTION FOR RELIGIOUS
ACCOMMODATIONS IN THE CASE OF STAFF SERGEANT
CODY J. WALLACE 1503524038/0111 USMC

Ref: (a) Maradmin 533/21
(b) Maradmin 462/21
(c) MCO 1730.9

1. Forwarded in accordance with Maradmin 553/21 guidelines. Competent religious authority memorandum-attached.

2. If there are any questions regarding this matter please contact CWO3 Jeffries A.F. at (719) 317-0701 or anarian.jeffries@usmc.mil


M. J. CARROLL

ADMINISTRATIVE ACTION (5216)**NAVMC 10274 (REV. 3-93) (EF)**

Previous editions will be used

SN: 0109-LF-063-3200 U/I: PADS OF 100

1. ACTION NO.

2. SSIC/FILE NO.

1000-34

3. DATE

2021 10 04

4. FROM (Grade, Name, SSN, MOS, or CO, Pers. O., etc.)
SSGT CODY J. WALLACE 1503524038/0111 USMC

5. ORGANIZATION AND STATION (Complete address)
Company F, 2d Battalion, 24th Marines
23d Marine Regiment, 4th Marine Division
Marine Forces Reserve
2401 South Lincoln Memorial Drive
Milwaukee, WI 53207

6. VIA (As required)

(1) I-I, Company F, 2d Battalion 24th Marines

(2) I-I, 2d Battalion, 24th Marines (3) CO, 23d Marine Regiment

7.

TO:

Deputy Commandant
Manpower & Reserve Affairs
3280 Russell Road
Quantico, VA 22134

8. NATURE OF ACTION/SUBJECT
REQUEST FOR IMMUNIZATION EXEMPTION
AND ACCOMMODATION FOR RELIGIOUS
BELIEFS

9. COPY TO (As required)

(1) SNM
(2) Files

10. REFERENCE OR AUTHORITY (if applicable)

(a) MCO 1730.9

(b) MARADMIN 533/21

(c) MARADMIN 462/21

(d) MILPERSMAN 1730-020

(e) Title VII of the Federal Civil Rights Act of 1964

(f) H.R. 1308 - Religious Freedom Restoration Act of 1993

(g) Federal Register Vol. 82 No. 88 Executive Order 13798

11. ENCLOSURES (if any)

(1) DHA Form 207 (Dec 2020 and Aug 2021)

(2) Chaplain Interview Checklist

(3) Memorandum for the Record

12. SUPPLEMENTAL INFORMATION (Reduce to minimum wording - type name of originator and sign 3 lines below text)

1. I respectfully request a waiver of the COVID-19 vaccine immunization. I hereby state that my request is based upon my conscientious objections and my sincerely held Christian religious beliefs through the practice of Lutheranism.

2. I respectfully request accommodations be granted in order for me to continue to practice my Lutheran faith freely.


C.S. WALLACE**FIRST ENDORSEMENT**

To: Inspector-Instructor, 2d Battalion, 24th Marines

From: Inspector-Instructor, Company F, 2d Battalion, 24th Marines

Subj: REQUEST FOR IMMUNIZATION EXEMPTION AND ACCOMMODATION FOR RELIGIOUS BELIEFS IN CASE OF
STAFF SERGEANT CODY J. WALLACE 1503524038/0111 USMC

1. Forwarded in accordance with MARADMIN 553/21 guidelines. Competent religious authority memorandum attached.


D. BAKER

13. PROCESSING ACTION. (Complete processing action in item 12 or on reverse. Endorse by rubber stamp where practicable.)



UNITED STATES MARINE CORPS
COMPANY F, 2D BATTALION, 24TH MARINES
23D MARINE REGIMENT, 4TH MARINE DIVISION
MARINE FORCES RESERVE CENTER
2401 SOUTH LINCOLN MEMORIAL DRIVE
MILWAUKEE, WISCONSIN 53207

IN REPLY REFER TO:
1000-34
CJW
4 Oct 21

From: Staff Sergeant Cody J. Wallace 1503524038/0111 USMC
To: Deputy Commandant, Manpower and Reserve Affairs
Via: (1) Inspector-Instructor, Company F, 2d Battalion, 24th Marines
(2) Inspector-Instructor, 2d Battalion, 24th Marines
(3) Commanding Officer, 23d Marine Regiment, 4th Marine Division

Subj: REQUEST FOR IMMUNIZATION EXEMPTION AND ACCOMODATION FOR RELIGIOUS BELIEFS

Ref: (a) MCO 1730.9 Religious Accommodation in the Marine Corps
(b) MARADMIN 533/21 Supplemental Guidance to Mandatory COVID-19 Vaccination of Marine Corps Active and Reserve Components
(c) MARADMIN 462/21 Mandatory COVID-19 Vaccination of Marine Corps Active and Reserve Components
(d) MILPERSMAN 1730-020 Immunization Exemptions for Religious Beliefs
(e) Title VII of the Federal Civil Rights Act of 1964
(f) H.R. 1308 – Religious Freedom Restoration Act of 1993
(g) Federal Register Vol. 82 No. 88 Executive Order 13798

Encl: (1) DHA Form 207 (Dec 2020 and Aug 2021)
(2) Chaplain Interview Checklist
(3) Memorandum for the Record

1. I am respectfully requesting a waiver of the COVID-19 vaccine immunization. I hereby state that my request is based upon my conscientious objection and my sincere and deeply held Christian religious beliefs through the practice of Lutheranism.

a. The core values in which I strongly hold and practice in my faith through worship at my Lutheran Church are:

- (1) **Faithful to God's Word** (Psalm 119; 2 Timothy 3:14 - 17, 2 John 2, 3 John 3, 1 Corinthians 6: 19 - 20).
- (2) **Committed to Prayer** (James 5:13 - 16, Psalm 50:15, 1 Chronicles 16:11, Matthew 7:7).
- (3) **Integrity** (Psalm 26:2 - 3, Proverbs 10:9 and 11:3, Mark 12:14, Titus 2:7).
- (4) **Caring/Family Focus** (Acts 10:2, 1 Timothy 3:5, Ephesians 5:21 - 33 and 6: 1 - 4).
- (5) **Contagious Passion** (Matthew 28:18 - 20, Acts 2:1 - 41, 2 Corinthians 11:16 - 29).
- (6) **Progressive** (Psalm 33:3 and 40:3, 1 Corinthians 9:19 - 23, Acts 17:22 - 34).

b. It is my sincere and deeply held religious belief in God that I cannot willfully violate my

Subj: REQUEST FOR IMMUNIZATION EXEMPTION AND ACCOMODATION FOR RELIGIOUS BELIEFS

relationship that I have with my Lord and Savior Jesus Christ by receiving any of immunization vaccinations for COVID-19. I was born and raised into a Christian family; specifically Lutheran. I have practiced my faith by attending multiple other Protestant Reformed churches where I was able to develop my relationship with God. I underwent a three year public reaffirmation of my faith which was done so by the completion of the congregations program of confirmation ministry from the age of 11 – 14 years old. Since the confirmation of my faith, I have consistently been developing my close personal relationship with the Lord through the attendance of weekly bible studies, church groups, devotionals, and Sunday worship. With God as my center piece, He creates balance, reassurance, and clarity. Without Him, I struggle to find purpose. I know this because the bible speaks this truth in the following verses, Psalm 118:8 “It is better to take refuge in the Lord than to trust in man” and in Proverbs 3:5-6 “Trust in the Lord with all your heart, and do not lean on your own understanding. In all your ways acknowledge him, and he will make straight your paths”.

c. The bible speaks often on the evil that is spread across the world and how to identify it. In John 3:20 God says, “Everyone who does evil hates the light, and will not come into the light for fear that their deeds will be exposed”. Throughout this pandemic, through the power of prayer I’ve asked God for clarity with the chaos that has broken out. There was and still is many unknowns and so many questions that we simply don’t have all the answers too. Because of this, I sincerely believe that the bible verse mentioned above relates directly to with where we are today in this pandemic. Through the government’s misuse of coercion, force, negative tactics of persuasion, and unlawful mandates, I firmly believe that God has allowed me to see this evil in order to not let it tarnish my faith and livelihood. Through the power of prayer, I’ve been able to remain faithful and trusting in God’s plan for me. My prayers have been answered time and time again. I put my trust in the Lord and He provides. I see Him working in the loved ones around me as they too no longer fell into the fear and evil that spread throughout this world and in our communities. I continued to pray that God blessed those who believe with strength and courage to stay true to Him and for anyone who is struggling find peace. In 2 Peter 3:17-18 the bible says, “You therefore, beloved, knowing this beforehand, take care that you are not carried away with the error of lawless people and lose your own stability. But grow in the grace and knowledge of our Lord and Savior Jesus Christ. To him be the glory both now and to the day of eternity. Amen”.

d. Due to COVID-19 restrictions, I was unable to worship at in-person attendance at my church which was in violation of my rights as American citizen and goes directly against what this great country of America was founded upon. However, that did not stop me or my loved ones as we were able to continue worship through the live streaming of Steven Furtick’s *Elevation Worship*. During this pandemic, I had many questions that I knew only God could answer. I distinctly remember reading a bible verse after a nightly devotional reading that reads, “Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your bodies” – 1 Corinthians 6:19-20. With each of the COVID-19 vaccinations, and with my deeply held beliefs in God, I feel these vaccines pose as a form of danger to my body and I cannot willfully allow those substances to enter my body. I treat my body as a temple in accordance with what my Lord and Savior asks of me and to do anything but that would be of sinful nature and fall out of line with my beliefs. I practice this in my daily life through my lifestyle of clean eating, little to no alcohol use, zero tolerance on drug use to include tobacco products, and no permanent markings/tattoos. To treat our bodies as such is also spoken through the word of God in 1 Corinthians 3:16-17 “Do you not know that you are God’s temple and that God’s Spirit dwells in you? If anyone destroys God’s temple, God will destroy him. For God’s temple is holy, and you are that temple”. By the Department of Defense (DoD) mandating this vaccine, I am being forced into a position that threatens and violates my sincerely held religious beliefs and could tarnish my relationship with God. After countless discussion with God through prayer, I cannot in good faith receive the COVID-19 vaccine. God says, “When the Spirit of truth comes, he will guide you into all truth. He will not speak on his own but will tell you what he has heard. He will tell you about the future” – John 16:13. The Lord is the truth and I must

Subj: REQUEST FOR IMMUNIZATION EXEMPTION AND ACCOMODATION FOR RELIGIOUS BELIEFS

obey His word. Furthermore, in the book of Romans 12:1-2 it says, "And so, dear brothers and sisters, I plead to give your bodies to God because of all he has done for you. Let them be a living and holy sacrifice, the kind he will find acceptable. This is truly the way to worship Him. Do not copy the behavior and customs of this world, but let God transform you into a new person by changing the way you think. Then you will learn to know God's will for you, which is good and pleasing and perfect". I have fully given my body to Christ who lives in me. This vaccine would be detrimental to my Lutheran beliefs and my fear is that by receiving this vaccine I will no longer be found acceptable. By upholding my sacred relationship with the Lord, I am able to think freely and not conform to the behaviors and ways of the world, but remain constant in God's word.

e. Because of my religious beliefs, I firmly believe in protecting life inside the womb and understand the utmost importance of this. God speaks about abortion in both the Old and New Testament. The following Bible verses speak on abortion in which I sincerely hold these beliefs to be true:

(1) Exodus 20:13 "You shall not murder". This is God's sixth commandments of the laws used in Christianity as a guide to live good and pure and to protect us against evil. All of the COVID-19 vaccines goes directly against this commandment in that they were produced by, derived from, manufactured with, tested on, developed with, or otherwise connected to aborted fetal cell lines. This we know to be true and accurate.

(2) Numbers 5:27-28 "If she has made herself impure and been unfaithful to her husband, this will be the result: When she is made to drink the water that brings a curse and causes bitter suffering, it will enter her, her abdomen will swell and her womb will miscarry, and she will become a curse. If, however, the woman has not made herself impure, but is clean, she will be cleared of guilt and will be able to have children".

(3) Proverbs 6:16-19 "There are six things the Lord hates, seven that are detestable to him: Haughty eyes, a lying tongue, hands that shed innocent blood, a heart that devises wicked schemes, feet that are quick to rush into evil, a false witness who pours out lies and a person who stirs up conflict in the community". The pandemic for COVID-19, it seemed as if all of this came to fruition across the world.

(4) Isaiah 49: 15 "Can a mother forget the baby at her breast and have no compassion on the child she has born? Though she may forget, I will not forget!" I feel there has been a loss of love and compassion throughout the world and abortion is a direct correlation to that. God has created us in His image. He has knitted us together in our mother's wombs and made us wonderful in His image. For innocent children of God to be aborted before being brought into the world that God has created violates the sixth commandment.

f. For any person(s) to discriminate against this is in direct violation of Title VII of the Federal Civil Rights Act of 1964 in that "an employer is prohibited from discriminating because of religion" and also states "employers cannot limit, segregate, or classify applicants or employees based on religion in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his/her status as an employee". It is also in direct violation of H.R. 1308 – Religious Freedom Restoration Act of 1993 in that it "Prohibits any agency, department, or official of the United States or any State (the government) from substantially burdening a person's exercise of religion even if the burden results from a rule of federal applicability, except that the government may burden a person's exercise of religion only if it demonstrates that application of the burden to the person: (1) furthers a compelling governmental interest; and (2) is the least restrictive means of furthering that compelling government interest".

g. The relationship I have with my God is personal. It is not to be infringed upon or up for debate,

Subj: REQUEST FOR IMMUNIZATION EXEMPTION AND ACCOMODATION FOR RELIGIOUS BELIEFS

and is to be honored with respect. Galatians 1:10 says, "For am I now seeking the approval of man, or of God? Or am I trying to please man? If I were still trying to please man, I would not be a servant of Christ". I may serve in the United States Marine Corps; however, I serve no man, but the Father, Son, and Holy Spirit.

2. I acknowledge having received the following counseling:

- a. Failure to obtain immunization may pose additional risk to my health upon exposure to disease.
- b. In the event of foreign travel, I may be detained during travel across foreign borders due to international health regulations.
- c. If granted, a waiver may be revoked by my commanding officer if I am at imminent risk of disease or due to international health regulations.
- d. If granted, I will continue to practice social distancing, proper hygiene, conduct routine COVID-19 tests, and/or provide anti-body immunity test results.
- e. If my job duties change, I may need to route a new request.
- f. If I am at my permanent change of station while my waiver is in effect, I may need to route a new request if my job duties change, my geographic region exposes me to the aforementioned disease, or other factors exist that could put me at imminent risk of disease.

2. My point of contact regarding this matter is: cody.j.wallace@usmc.mil or (920) 207-6094.


C. J. WALLACE

COVID-19 VACCINE SCREENING AND IMMUNIZATION DOCUMENTATION

PRIVACY ACT STATEMENT

AUTHORITY: DHA-IPM 20-004, "DoD Coronavirus Disease (COVID-19) Vaccination Program Implementation"; Public Law 104-181, 10 U.S.C., Chapter Ch. 55, Medical and Dental Care;

PURPOSE: To determine if the COVID-19 vaccine can be administered to the patient.

ROUTINE USES: Information in your records may be disclosed to other components within the MHS for the purpose of continuing medical care and determining military readiness. Additionally, this information may be shared with the Departments of Veterans Affairs and Health and Human Services and other local, state, and federal public health agencies for the purposes of satisfying public health and vaccination reporting requirements and responding to the COVID-19 pandemic.

Any protected health information (PHI), including mental health and substance abuse information, in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoDM 6025.18. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. A complete listing of the applicable routine uses may be found in the associated System of Records Notice (SORN).

APPLICABLE SORN: EDHA 07, Military Health Information System (June 15, 2020, 85 FR 38190) <https://dpcld.defense.gov/Portals/49/Documents/Privacy/SORNs/DHA/EDHA-07.pdf>

DISCLOSURE: Voluntary. If you choose not to provide your information, no penalty may be imposed, but there may be a delay in the appropriate medical entry in your electronic health record.

The following questions will help us determine if we should give you the COVID-19 vaccination today. If you answer "yes" to any question(s), we will ask you for additional information to determine when or if you should receive COVID-19 vaccine. Please scroll down or turn the page over to read more about the questions.

1. NAME (Last, First, Middle Initial) WALLACE, CODY J.	2. DoD ID or Unique Identifier 1503524038	3. DATE OF BIRTH (YYYYMMDD) 19960301	4. AGE 25
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PART I - COMPLETED BY PATIENT

(1) Would you like to speak with a healthcare team member about the COVID-19 vaccine before deciding whether or not to receive the vaccine? ☐ YES ☐ NO

☐ After reviewing offered educational material, I request to be screened to receive COVID-19 immunization. ☒ After reviewing offered educational material, I **DO NOT** request to be screened. I **DO NOT** request to be immunized against COVID-19.

PATIENT / GUARDIAN SIGNATURE: _____

DATE: 20211004

(2) Are you currently sick, feel ill, or have a fever over 100°F? ☐ YES ☒ NO

(3) Have you received a COVID-19 vaccine before? If so, which one _____ Date _____ ☐ YES ☒ NO

(4) Have you had an adverse or allergic reaction to a prior COVID-19 vaccine, or allergic reaction to any other vaccine or injectable therapy? ☐ YES ☒ NO

(5) Do you have hemophilia or other bleeding disorder or take a blood thinner? ☐ YES ☒ NO

(6) Are you, or might you be, pregnant or are you nursing (breastfeeding)? ☐ YES ☒ NO

(7) Do you have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)? ☐ YES ☒ NO

(8) Will you be TDY/TAD/PCS OCONUS for > 30 days within the next 30 days? ☐ YES ☒ NO

5. ACKNOWLEDGMENT

I have read or had explained to me the information in the Coronavirus Vaccine Emergency Use Authorization (EUA) Fact Sheet. I have also had a chance to ask questions, and they were answered to my satisfaction.

a. PATIENT / GUARDIAN SIGNATURE: _____

b. DATE: 20211004

PART II - COMPLETED BY SCREENER

6. ASSESSMENT

- ☐ Give COVID-19 vaccine - dose #1 today.
☐ Give COVID-19 vaccine - dose #2 today.
☐ Do not give COVID-19 vaccine today.
☐ Refer to experienced provider for further evaluation

7. Vaccine Information Material provided (check box)

- ☐ EUA Vaccine Fact Sheet for Vaccine Recipients

8. SCREENER INFORMATION

a. NAME _____ b. DATE (YYYYMMDD) _____

PART III - COMPLETED BY VACCINATOR

9. VACCINE ADMINISTERED

☐ Pfizer COVID-19 vaccine 0.3mL

10. LOT #:

11. EXPIRATION DATE: (YYYYMMDD) _____

12. DOSE: _____ OR PLACE STICKER HERE:

☐ 0.3 mL

13. SITE:

☐ Left Deltoid

☐ Right Deltoid

14. COMMENTS:

15. VACCINATOR INFORMATION

a. NAME: _____ b. DATE: (YYYYMMDD) _____

16. ASIMS / MEDPROS / MRRS / AHLTA / MHS GENESIS Entry

a. NAME: _____ b. DATE: (YYYYMMDD) _____

Information about the Screening Checklist Questions

(1) Would you like to speak with a healthcare team member about the COVID-19 vaccine?

COVID-19 vaccination is voluntary. These are new vaccines for which there are, understandably, many questions. The potential vaccinees should be afforded ample opportunity to read the FDA-provided EUA Vaccine Fact Sheet and to ask questions prior to vaccination. The staff will not hesitate to refer an individual to an experienced healthcare provider to address questions or concerns regarding the vaccine.

Do you voluntarily ACCEPT or DECLINE to receive a COVID-19 vaccine?

An individual, after having reviewed the EUA Vaccine Fact Sheet and having had all questions addressed, may accept or decline receipt of a COVID-19 vaccine without any impact upon their future healthcare within the Military Health System or their military career. For declining Service personnel, their declination will be entered into their electronic health record and/or Services' Immunization Tracking System using the exemption code MD (medical, declined).

(2) Are you currently sick, feel ill, or have a fever over 100°F?

People with moderate or severe illness should not be vaccinated until their symptoms improve. Mild illnesses, even with fevers or requiring antibiotics, should not preclude receipt of COVID-19 vaccine. There is no evidence that acute illness reduces vaccine efficacy or increased vaccine adverse events.

(3) Have you received a COVID-19 vaccine before? If so, which one _____? Date _____?

It is important that the 2-dose COVID-19 vaccine series be completed with the same brand of vaccine because the efficacy of a vaccination series is unknown if not completed using the same brand. It is also important to know the date of the first vaccination, as different brands have different recommended dosing intervals. If an individual is a participant in a COVID-19 Vaccine Trial and does not know if they received vaccine or a placebo injection, they should indicate 'yes' to this question and for "which vaccine" state "UNKNOWN". Direct Trial participants to contact their study POC to ask about unblinding and to receive further counseling and guidance from the Study Director before receiving an authorized COVID-19 vaccine.

(4) Have you had an adverse or allergic reaction to a prior COVID-19 vaccine, or allergic reaction to any other vaccine or injectable therapy?

Patients reporting a serious reaction to a previous dose of COVID-19 vaccine, any vaccine, or injectable therapy (intramuscular, intravenous, or subcutaneous), should be asked to describe their symptoms. There is a remote chance that a COVID-19 vaccine could cause a severe allergic reaction. (1) Persons who have had a severe allergic reaction to the first dose of a COVID-19 vaccine should not receive further doses. (2) An allergic reaction to any other vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) is a precaution to COVID-19 vaccination. Such individuals should be counseled that the risk of COVID-19 vaccine in such a setting is unknown. Should they elect to be vaccinated, they should be observed for 30 minutes afterward. (3) A history of a significant reaction to a non-injectable medicine, food, latex, or pollen allergy does not preclude receipt of a COVID-19 vaccine. Non-allergic, flu-like symptoms (malaise, myalgia, other systemic symptoms), and vaccination site reactions have been reported with COVID-19 vaccines. These mild-to-moderate reactions are not a reason to withhold future vaccination. However, moderate-to-severe non-allergic reactions should be evaluated by an experienced provider prior to vaccination.

(5) Do you have hemophilia or other bleeding disorder or take a blood thinner?

People with bleeding disorders or treated with blood thinners should be counseled that they may have an increased risk of developing a hematoma following any intramuscular injection. If feasible, intramuscular vaccination may be delayed until shortly after anti-hemophilia therapy or alteration in their blood thinner regimen. Alternatively, a fine needle (≤ 23 gauge) can be used for vaccination and firm pressure applied to the site (without rubbing) for at least 2 minutes.

(6) Are you, or might you be, pregnant or are you nursing (breastfeeding)?

If a woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine and is pregnant, she may choose to be vaccinated. However, pregnant or nursing women should be counseled that the new COVID-19 vaccines have not yet been tested for safety or efficacy during pregnancy or nursing (breastfeeding).

(a) Pregnancy. Safety and Efficacy of COVID-19 vaccines in pregnant women is as of yet unknown. Animal developmental and reproductive toxicity studies are ongoing. In general, there is no evidence that inactivated vaccines pose a risk to a fetus or pregnant woman. Currently, COVID-19 vaccines approved for use by the FDA are considered inactivated vaccines. Nonetheless, a cautious approach is warranted with COVID-19 vaccines in pregnancy. An individualized risk/benefit analysis should take into account the pregnant woman's risk of exposure to COVID-19, the risks of COVID-19 to her and potential risks to the fetus, and the unknown risks associated with the vaccine. Routine testing for pregnancy prior to receipt of a COVID-19 vaccine is not recommended. A vaccinated pregnant woman should be encouraged to speak with her OB Provider about enrolling in a COVID-19 Pregnancy Registry.

(b) Breastfeeding. No vaccines are considered a risk to a woman or her breastfeeding child, with the special exceptions of smallpox and yellow fever vaccines. However, because COVID-19 vaccines are new, patients should be counseled that these vaccines have not been tested in breastfeeding women. Counseling may include noting that CDC/ACIP does not require breastfeeding-specific data to consider other vaccines safe in breastfeeding. In general, the benefits of vaccinating nursing women usually outweigh potential risks when the likelihood of disease exposure is high and when infection would pose a risk to the mother.

(7) Do you have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)?

Immunocompromised individuals should be counseled that neither the safety nor efficacy of the COVID-19 vaccines have been studied in individuals with weakened immune systems resulting from congenital defect, disease, medications, or treatments. Non-live COVID-19 vaccines (those currently approved or under study in the US) may be administered to immunocompromised patients, although the protective benefit may be suboptimal. Vaccinated immunocompromised individuals need to continue to follow all current guidance to protect themselves against COVID-19.

(8) Will you be TDY/TAD/PCS OCONUS for > 30 days within the next 30 days?

Most COVID-19 vaccines require two doses 21-28 days apart for optimal efficacy. Unfortunately, different brands of COVID-19 vaccine CANNOT be mixed. Therefore, to receive the first shot of one brand of vaccine requires that a vaccinee be able to receive the same brand about 21-28 days later. Extended OCONUS travel within 30 days of the first vaccination generally precludes this. Therefore, if such travel is planned, if the screener cannot ensure the 2nd dose with same brand can be administered at new location, initiation of vaccination should be deferred to the new location.

The Defense Health Agency-Immunization Healthcare Division (DHA-IHD) is available to assist patients and healthcare providers with treatment of health problems before and after vaccinations, and with medical exemptions.

Please contact the DHA-Immunization Healthcare Division 24/7 Support Center at 877-438-8222, DSN 761-4245.

COVID-19 VACCINE SCREENING AND IMMUNIZATION DOCUMENTATION

OMB No. 0725-0082
OMB approval expires:
August 31, 2024

PRIVACY ACT STATEMENT

AUTHORITY: DHA-IPM 20-004, "DoD Coronavirus Disease (COVID-19) Vaccination Program Implementation"; Public Law 104-191, 10 U.S.C., Chapter Ch. 55, Medical and Dental Care;

PURPOSE: To determine if the COVID-19 vaccine can be administered to the patient.

ROUTINE USES: Information in your records may be disclosed to other components within the MHS for the purpose of continuing medical care and determining military readiness. Additionally, this information may be shared with the Departments of Veterans Affairs and Health and Human Services and other local, state, and federal public health agencies for the purposes of satisfying public health and vaccination reporting requirements and responding to the COVID-19 pandemic.

Any protected health information (PHI), including mental health and substance abuse information, in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoDM 6025.18. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations. A complete listing of the applicable routine uses may be found in the associated System of Records Notice (SORN).

APPLICABLE SORN: EDHA 07, Military Health Information System (June 15, 2020, 85 FR 36190) <https://dpcl.dhs.gov/Portals/49/Documents/Privacy/SORNs/EDHA-07.pdf>

DISCLOSURE: Voluntary. If you choose not to provide your information, no penalty may be imposed, but there may be a delay in the appropriate medical entry in your electronic health record.

1. NAME (Last, First, Middle Initial) WALLACE, CODY J.	2. DoD ID or Unique Identifier 1503524038	3. DATE OF BIRTH (YYYYMMDD) 19960301	4. AGE 25
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5. CATEGORY: ☒ Service Member ☐ Beneficiary ☐ Civilian Contractor ☐ Civilian Employee ☐ Other

PART I - COMPLETED BY PATIENT YES NO

- (1) Would you like to speak with a healthcare team member before receiving the COVID-19 vaccine? ☐ YES ☒ NO
- (2) Are you currently sick, feel ill, or have a fever over 100°F? ☐ YES ☒ NO
- (3) Have you received a COVID-19 vaccine before? If so, which one _____ Date _____ ☐ YES ☒ NO
- (4) Have you had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy? ☐ YES ☒ NO
- (5) Do you have hemophilia or other bleeding disorder or take a blood thinner? ☐ YES ☒ NO
- (6) Do you have a history of/ or a risk factor for a blood clotting disorder? ☐ YES ☒ NO
- (7) Are you, or might you be, pregnant or are you nursing (breastfeeding)? ☐ YES ☒ NO
- (8) Do you have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)? ☐ YES ☒ NO
- (9) Will you be TDY/TAD/PCS OCONUS for > 30 days within the next 30 days? ☐ YES ☒ NO
- (10) Are you planning to receive other vaccines in addition to COVID-19 vaccine, today? (While it is a CDC best practice to administer multiple vaccines at a single visit, it is currently unknown whether the response to the COVID-19 vaccination will be affected by the co-administration of other vaccines.) ☐ YES ☒ NO
- (11) Have you received a monoclonal antibody preparation or Convalescent Plasma within the past 90 days? ☐ YES ☒ NO

6. ACKNOWLEDGMENT I have read or had explained to me the information in the Coronavirus Vaccine Emergency Use Authorization (EUA) Fact Sheet or the Vaccine Information Fact Sheet for COMIRNATY (Pfizer-BioNTech COVID-19 Vaccine). I have also had a chance to ask questions for myself and/or child, including vaccine co-administration, if applicable. Questions were answered to my satisfaction and all options were reviewed and I agree to vaccination today.

a. PATIENT / GUARDIAN SIGNATURE: _____ b. DATE: _____

PART II - COMPLETED BY SCREENER

- | | |
|---|--|
| 7. ASSESSMENT
<input type="checkbox"/> Pfizer <input type="checkbox"/> Moderna <input type="checkbox"/> Janssen
<input type="checkbox"/> Dose #1 <input type="checkbox"/> Dose #2 <input type="checkbox"/> Dose #3
<input type="checkbox"/> Do not give COVID-19 vaccine today.
<input type="checkbox"/> Refer to experienced provider for further evaluation | 8. Vaccine Information Material provided (check box)
<input checked="" type="checkbox"/> EUA Vaccine Fact Sheet for Vaccine Recipients of Janssen or Moderna COVID-19 Vaccine
<input checked="" type="checkbox"/> Vaccine Information Fact Sheet for Recipients of COMIRNATY or Pfizer-BioNTech COVID-19 Vaccine |
| 9. SCREENER INFORMATION
a. NAME _____ b. DATE (YYYYMMDD) _____ | |

PART III - COMPLETED BY VACCINATOR

- | | |
|---|--|
| 10. VACCINE ADMINISTERED
<input type="checkbox"/> Pfizer COVID-19 vaccine (≥ 12 yrs of age) 0.3mL IM
<input type="checkbox"/> Moderna COVID-19 vaccine (≥ 18 yrs of age) 0.5mL IM
<input type="checkbox"/> Janssen (J&J) COVID-19 vaccine (≥ 18 yrs of age) 0.5mL IM | 11. LOT #: _____
12. EXPIRATION DATE: (YYYYMMDD) _____
13. DOSE: <input type="checkbox"/> 0.3 mL IM <input type="checkbox"/> 0.5 mL IM
14. SITE: <input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid |
|---|--|

15. COMMENTS:

16. VACCINATOR INFORMATION a. NAME: _____ b. DATE: (YYYYMMDD) _____
17. ASIMS / MEDPROS / MRRS / AHLTA / MHS GENESIS Entry a. NAME: _____ b. DATE: (YYYYMMDD) _____

Information for Healthcare Professionals about Screening Questions

(1) Would you like to speak with a healthcare team member before receiving the COVID-19 vaccine?

These are new vaccines for which there are, understandably, many questions. The potential vaccinee should be afforded ample opportunity to read the FDA-provided EUA Vaccine Fact Sheet and to ask questions prior to vaccination. The staff will not hesitate to refer an individual to an experienced healthcare provider to address questions or concerns regarding the vaccine.

(2) Are you currently sick, feel ill, or have a fever over 100°F?

People with moderate or severe illness should not be vaccinated until their symptoms improve. Mild illnesses, even with fevers or requiring antibiotics, should not preclude receipt of COVID-19 vaccine. There is no evidence that acute illness reduces vaccine efficacy or increased vaccine adverse events.

(3) Have you received a COVID-19 vaccine before? If so, which one? Date?

The CDC recommends that different brands of COVID-19 vaccine not be mixed. Therefore, every effort should be made to ensure that when a vaccinee receives the first shot of one brand of vaccine that he/she be able to receive the same brand about 21-28 days later. If an individual is a participant in a COVID-19 Vaccine Trial, they should indicate 'yes' to this question and for 'which vaccine' state 'UNKNOWN'. Direct such trial participants to contact their Study's Director to learn whether they received the active vaccine or an inactive placebo and to receive further counseling and guidance from the Study Director before receiving an authorized COVID-19 vaccine. If a study participant chooses to receive the authorized vaccine, it is recommended these two different COVID-19 vaccines be separated by a minimum of four weeks.

(4) Have you had an adverse or allergic reaction to a prior COVID vaccine, anaphylaxis due to any cause, or allergic reaction to any other vaccine or injectable therapy?

Patients reporting a serious reaction to a previous dose of COVID-19 vaccine, any vaccine, or injectable therapy (intramuscular, intravenous, or subcutaneous), should be asked to describe their symptoms. There is a remote chance that a COVID-19 vaccine could cause a severe allergic reaction. (1) Persons who have had a severe allergic reaction to the first dose of an mRNA COVID-19 vaccine should not receive a 2nd mRNA COVID-19 vaccine. However, consideration may be given to vaccination with Janssen COVID-19 vaccine under the supervision of a health care provider experienced in the management of severe allergic reactions, such as an Allergist. (2) An allergic reaction to any other vaccine or injectable therapy (such as chemotherapeutic agents) is a precaution to COVID-19 vaccination. Such individuals should be counseled that the risk of COVID-19 vaccine is unknown, and they should seek the advice of a medical specialist. If these individuals, or those with a history of anaphylaxis for any other cause, elect to be vaccinated, they should be observed for 30 minutes afterward. (3) A history of a significant, non-anaphylactic, reaction to a non-injectable medicine, food, latex, or pollen allergy does not preclude receipt of a COVID-19 vaccine. Mild-to-moderate non-allergic, flu-like symptoms, or vaccination site reactions are not a reason to withhold future vaccination. However, moderate-to-severe non-allergic reactions should be evaluated by an experienced provider prior to vaccination.

(5) Do you have hemophilia or other bleeding disorder or take a blood thinner?

People with bleeding disorders or treated with blood thinners should be counseled that they may have an increased risk of developing a hematoma following any intramuscular injection. If feasible, intramuscular vaccination may be delayed until shortly after anti-hemophilia therapy or alteration in their blood thinner regimen. Alternatively, a fine needle (s 23 gauge) can be used for vaccination and firm pressure applied to the site (without rubbing) for at least 2 minutes.

(6) Do you have a history of or a risk factor for a blood clotting disorder?

For a patient history of blood clots with low platelet count, CDC recommends considering a vaccine other than Janssen if available. For all other types of clotting disorders, the Janssen vaccine is acceptable. All Janssen vaccine recipients should read the Janssen EUA Fact Sheet regarding symptoms of blood clots.

(7) Are you, or might you be, pregnant or are you nursing (breastfeeding)?

Vaccination is recommended for all people aged 12 years and older, including people that are: Pregnant, breastfeeding, or trying to get pregnant now or who might become pregnant in the future. A growing body of evidence on the safety and effectiveness of COVID-19 vaccination - in both animal and human studies - indicates that the benefits of vaccination outweigh any known or potential risks of COVID-19 vaccination during pregnancy. If a person becomes pregnant following the first dose of a COVID-19 vaccine that requires two doses (i.e., Pfizer-BioNTech COVID-19 Vaccine or Moderna COVID-19 Vaccine), the second dose should be administered as indicated for the person to have maximum protection. Pregnant, breastfeeding, and post-partum people 18 through 49 years of age should be aware of the rare risk of TTS after receipt of the Janssen COVID-19 Vaccine and the availability of other FDA authorized COVID-19 vaccines (i.e., mRNA vaccines).

(8) Do you have an immunocompromising condition (HIV/AIDS, cancer, leukemia, etc.) or take an immunocompromising medicine or treatment (steroids, chemotherapy, radiation therapy, etc.)?

Immunocompromised individuals should be counseled that neither the safety nor efficacy of the COVID-19 vaccines have been studied in individuals with weakened immune systems resulting from congenital defect, disease, medications, or treatments. Non-live COVID-19 vaccines (those currently approved or under study in the US) may be administered to immunocompromised patients, although the protective benefit may be suboptimal. Vaccinated immunocompromised individuals need to continue to follow all current guidance to protect themselves against COVID-19. An additional dose (3rd) is currently only recommended for individuals who previously received an mRNA vaccine.

(9) Will you be TOY/TAD/PCS OGONUS for > 30 days within the next 30 days?

The CDC recommends that different brands of COVID-19 vaccine not be mixed. Therefore, every effort should be made to ensure that when a vaccinee receives the first shot of one brand of vaccine that he/she be able to receive the same brand about 21-28 days later. Extended OCONUS travel within 30 days of the first vaccination generally precludes this. Therefore, if such travel is planned, if the screener cannot ensure the 2nd dose with same brand can be administered at new location, initiation of vaccination should be deferred to the new location.

(10) Are you planning to receive other vaccines in addition to COVID-19 vaccine, today?

COVID-19 vaccines and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day, as well as co-administration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with co-administration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to co-administer another vaccine(s) with COVID-19 vaccine, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of vaccines. Prior to co-administration, patients will be advised of the above and reminded that vaccination with a FDA EUA COVID-19 vaccination is voluntary. Requests by vaccine recipients to receive EUA COVID-19 vaccination separate from other vaccinations must be accommodated.

(11) Have you received a monoclonal antibody preparation or Convalescent Plasma within the past 90 days?

Currently there is no data on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment, however the ACIP recommends that COVID-19 vaccination be deferred for 90 days after receipt to avoid a possible impact on COVID-19 vaccination by prior antibody treatment. However, providers and patients can consider COVID-19 vaccination in such treated individuals within this 90-day window on a case-by-case basis with shared clinical decision-making for Force Health Protection and other important vaccination needs.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs-moalex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

The Defense Health Agency-Immunization Healthcare Division (DHA-IHD) is available to 24/7 to assist patients and healthcare providers with clinical concerns at 877-438-8222, DSN 761-4248.

CHAPLAIN INTERVIEW CHECKLIST TEMPLATE

Requestor:	SSgt. CODY J. WALLACE	Interview Date:	06 OCT 21
Name:	SSgt. CODY J. WALLACE	Chaplain Interviewer:	LTJG(CA) BROBST, CDR
Phone:	920-207-6094	Phone:	260-409-4408
Email:	cody.j.wallace@usmc.mil	E-mail:	cody.brobst@navy.mil
Command:	For CO 2124	Chaplain's Command:	2/24

Interview Preliminaries			
Yes	No	N/A	
X			Chaplain reviewed policy and doctrine on religious accommodation and the policy for which the requestor is seeking accommodation.
X			Applicant was notified that the interview is not confidential and will be used to advise the command.
X			Chaplain explained to the applicant that confidential support can be received from another chaplain.
	X		Applicant has been granted a waiver for this practice previously.
			Applicant's Page 2 (NAVPERS 1070/602) reflects the belief cited in the application.

Type of Waiver Requested			
Yes	No	N/A	
		X	Uniform standards
		X	Grooming standards
X			Immunization requirements
		X	DNA sampling
		X	Other (Please describe):

Interview			
Yes	No	N/A	
X			Requestor's religious beliefs seemed honestly and sincerely held using one or more of the following factors:
X			1. Requestor was credible (consistently keeps tenets, practices, etc.)
X			2. Requestor's demeanor and pattern of conduct are consistent with the request
X			3. Requestor participates in activities associated with the belief(s).
		X	4. Other persons supporting the claim are credible.
X			5. Request is supported by letter(s) of verification or endorsement from an organization espousing the beliefs which are the basis for the claim.
X			Alternate means of accommodating the practice were explored in the interview.

Process Checklist			
Yes	No	N/A	
X			Chaplain has prepared a memorandum documenting the interview.
X			Chaplain reviewed memorandum with applicant and provided a copy.
X			Chaplain submitted the memorandum and this document to the commanding officer via chain of command.
X			Chaplain referred applicant to command to process request.

MEMORANDUM FOR THE RECORD

From: LTJG Cody A. Brobst, CHC, USN

To: Commanding Officer, 2d Battalion, 24th Marines, 23d Marine Regiment,
Fort Sheridan, Illinois

Subj: REQUEST FOR A WAIVER OF POLICY TO ACCOMMODATE PRACTICE BASED ON
RELIGIOUS BELIEF ICO SSGT Cody J. Wallace 1503524038/0111 USMC

Ref: (a) DoDI 1300.17
(b) SECNAVINST 1730.8B
(c) MCO 1730.9

1. SSGT Wallace has submitted a request for accommodation of a religious practice per reference (a). Per MCO 1730.9, I interviewed the requestor on 06 October 2021. I explained that this interview would not be a confidential communication as defined in reference (b) and informed the requestor that referral for confidential chaplain support was available.

2. Nature of the request. SSGT Wallace requests a waiver for the mandatory Covid-19 vaccination as defined in reference (c) based on his religious beliefs. Requestor has not previously made a similar request for religious accommodation.

3. Basis. Requestor is a lifelong Protestant Christian who is associated with churches and Christian groups which leave questions of vaccination to the conscience of individuals and their families. The personal decision to not receive this vaccine is rooted in his religious identity and belief that it poses a form of danger to his body and that it would violate his conscience to allow this substance to enter his body. To allow such would be to undermine the belief that all people are inherently made in the image of God and that his body is a temple of the Holy Spirit (1 Corinthians 6:19-20).

(a). Requestor also indicated significant concerns that the vaccines are produced by, derived from, manufactured with, tested on or developed with aborted fetal cell lines which underscores his belief that the vaccine would make him an endorser of abortion which is murder (Exodus 20:13).

(b). Requestor also indicated that he has accepted vaccinations as part of his military service to date, but indicates the messaging he has received from the media, radio, social media and politicians have been inconsistent and destructive. To partake in the fear that has accompanied the pandemic calls into question his deeply rooted trust in God over men (Romans 12:1-2), therefore it is a violation of his Christian faith. Being required to do things like refrain from church gatherings or to take this vaccine violates his rights as an American citizen to worship freely.

(c). Requestor also indicated that he has a 0 tolerance policy for drugs or tobacco, generally refrains from alcohol, exercises regularly, eats healthily, and has no permanent markings or tattoos for the same theological reasons, therefore his practices are consistent with his religious beliefs.

4. Alternative Means. During my interview with SSgt Wallace he acknowledged that the DoD and his chain of command are aiming to protect the country and that he will aim to cooperate with them as much as his beliefs and conscience allows. He confirmed that he would be willing to continue to practice Covid-19 hygiene procedures (to include mask wearing, physical distancing, hand washing, and periodic testing) for as long as necessary.

5. Sincerity. I strongly believe that the requestor possesses a sincerely held religious belief which he has long held and practiced. His beliefs and personal practices are rooted in a clearly articulated understanding of his faith convictions and are well supported and documented. He has consistently participated in religious activities and communities which protect and prioritize freedom of conscience as it pertains to medical decisions related to vaccination.


6. My contact information is 260-409-4408 and cody.brobst@navy.mil.



C.A. BROBST, CHAPLAIN

Copy to:
SSgt Cody J. Wallace

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REPLY TO FLORIDA

QUESTIONING THE ORTHODOXY OF SINCERELY HELD RELIGIOUS BELIEFS OR REQUIRING A CLERGY, PLACE OF WORSHIP, OR A THIRD PARTY TO AGREE WITH OR AFFIRM SUCH RELIGIOUS BELIEFS IS UNLAWFUL

Title VII of the Civil Rights Act of 1964 prohibits employers from discriminating against its employees on the basis of their sincerely held religious beliefs. *See* 42 U.S.C. §2000e-2(a) ("It shall be an unlawful employment practice for an employer . . . to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment because of such individual's race, color, religion, sex, or national origin"); *see also EEOC v. Abercrombie & Fitch Stores, Inc.*, 575 U.S. 768 (2015) (same). Title VII defines "religion" as "all aspects of religious observance and practice, as well as belief." 42 U.S.C. §2000e(j). Moreover, as the EEOC has made clear, Title VII's protections also extend nonreligious beliefs if related to morality, ultimate ideas about life, purpose, and death. *See EEOC, Questions and Answers: Religious Discrimination in the Workplace* (June 7, 2008), ("Title VII's protections also extend to those who are discriminated against or need accommodation because they profess no religious beliefs Religious beliefs include theistic beliefs, i.e. those that include a belief in God as well as non-theistic 'moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views.' Although courts generally resolve doubts about particular beliefs in favor of finding that they are religious, beliefs are not protected merely because they are strongly held. Rather, religion typically concerns 'ultimate ideas' about 'life, purpose, and death'").

Employees may have religious accommodation requests stating their sincerely held religious beliefs injecting any of the three currently available COVID-19 vaccines would be a sin and a violation of their religious beliefs because they are manufactured and produced with, tested on, or otherwise developmentally connected to aborted fetal cell lines. United has responded to many of these submissions with intrusive and irrelevant questions about employees' past personal health decisions and the theological bases for those decisions, or demands that employees vet their religious beliefs about COVID-19 vaccines with a third party to justify their accommodation requests. The premises of these questions—that an employee's current request for religious accommodation must be consistent with the employees' prior health decisions and religious understandings, or must be acknowledged by a person other than the employee—are legally invalid premises for deciding religious accommodation requests, and any denial based on such premises violates Title VII.

Employers are not permitted to determine which religious adherent has a "correct" or "proper" or "valid" understanding of religious doctrine, or whether any employee's sincerely held

religious beliefs are shared broadly among other faithful. As the Supreme Court has recognized, employees' "religious beliefs need not be acceptable, logical, consistent, or comprehensible to others in order to merit [legal] protection." *Thomas v. Review Bd. of Ind. Emp't Sec. Div.*, 450 U.S. 707, 714 (1981); *see also Church of the Lukumi Babalu Aye, Inc. v. City of Hialeah*, 508 U.S. 520, 531 (1993) (same). Additionally, though membership in or adherence to the tenets of an organized religion is plainly sufficient to provide protection for an individual's sincerely held religious beliefs, it is not a necessary precondition. *See Frazee v. Ill. Dep't of Emp't Sec.*, 489 U.S. 829, 834 (1989) ("Undoubtedly, membership in an organized religious denomination, especially one with a specific tenet forbidding members to work on Sunday, would simplify the problem of identifying sincerely held religious beliefs, but we reject the notion that to claim the protection [for sincerely held religious beliefs], one must be responding to the commands of a particular religious organization." (emphasis added)); *see also Office of Foreign Assets Control v. Voices in the Wilderness*, 329 F. Supp. 2d 71, 81 (D.D.C. 2004) (noting that the law provides protection for "sincerely held religious beliefs," "not just tenets of organized religion").

In fact, the law provides protection for sincerely held religious beliefs even when some members of the same religious organization, sect, or denomination disagree with the beliefs espoused by the individual. That some individuals may have sincerely held religious beliefs which differ from those sincerely held by United employees requesting accommodation is irrelevant to whether the employees' sincerely held religious beliefs are entitled to protection under Title VII. Indeed,

[i]ntrafaith differences of that kind are not uncommon among followers of a particular creed, and the judicial process is singularly ill equipped to resolve such differences . . . and the guarantee of free exercise is not limited to beliefs which are shared by all of the members of a religious sect. Particularly in this sensitive area, it is not within the judicial function and judicial competence to inquire whether the petitioner or his fellow worker more correctly perceived the commands of their common faith. Courts are not arbiters of scriptural interpretation.

450 U.S. at 715--16 (emphasis added).

The denial of any employee's request for a religious accommodation based upon the views of other individuals who do not share the employee's beliefs is unlawful. In fact, it is **legally irrelevant** what other individuals think or religiously believe. Nor does an employee's religious objection to a vaccine need to be unique in order to be personal and sincerely held. (*Cf. supra* "It appears you purchased or downloaded your supporting documentation on the internet.") Once an employee has articulated the employee's sincerely held religious objections to the currently available COVID-19 vaccines, whether those objections are the same as or nothing like any other person's objections, the proper inquiry is at its end.

Indisputably, all three of the currently available COVID-19 vaccines are produced by, derived from, manufactured with, tested on, developed with, or otherwise connected to aborted fetal cell lines. There is no question about the accuracy of this determination. The North Dakota

Department of Health, in its handout literature for those considering one of the COVID-19 vaccines, notes the following: "The non-replicating viral vector vaccine produced by Johnson & Johnson did require the use of fetal cell cultures, specifically PER.C6, in order to produce and manufacture the vaccine." N.D. Health, *COVID-19 Vaccines & Fetal Cell Lines* (Apr. 20, 2021), https://www.health.nd.gov/sites/www/files/documents/COVID%20Vaccine%20Page/COVID-19_Vaccine_Fetal_Cell_Handout.pdf (emphasis added) (last visited Aug. 27, 2021).

The Louisiana Department of Health likewise confirms that the Johnson & Johnson COVID-19 vaccine used the PER.C6 fetal cell line, which "is a retinal cell line that was isolated from a terminated fetus in 1985." La. Dep't of Public Health, *You Have Questions, We Have Answers: COVID-19 Vaccine FAQ* (Dec. 21, 2020), https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/You_Have_Qs_COVID-19_Vaccine_FAQ.pdf (emphasis added) (last visited Aug. 27, 2021).

The same is true of the Moderna and Pfizer-BioNTech mRNA vaccines. The Louisiana Department of Health's publications again confirm that aborted fetal cells lines were used in the "proof of concept" phase of the development of their COVID-19 mRNA vaccines. See La. Dep't of Public Health, *supra*. The North Dakota Department of Health likewise confirms: "Early in the development of mRNA vaccine technology, fetal cells were used for 'proof of concept' (to demonstrate how a cell could take up mRNA and produce the SARS-CoV-2 spike protein) or to characterize the SARS-CoV-2 spike protein." N.D. Health, *supra* (emphasis added).

Because all three of the currently available COVID-19 vaccines are developed and produced from, tested with, researched on, or otherwise connected with the aborted fetal cell lines HEK-293 and PER.C6, many employees' sincerely held religious beliefs compel them to abstain from accepting or injecting any of these products into their bodies, regardless of the perceived benefits or rationales. Thus, while there may be some faith leaders and other adherents whose understanding of Scripture is different, and who may be willing to accept one of the three currently available COVID-19 vaccines despite their connection with aborted fetal cell lines, any United employee is entitled to interpret the Scriptural command against murder differently, which many indisputably do.

Many employees have sincerely held religious beliefs that God forms children in the womb and knows them prior to their birth, and that because of this, life is sacred from the moment of conception to natural death. See *Psalms* 139:13–14 (ESV) ("For you formed my inward parts; you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made."); *Psalms* 139:16 (ESV) ("Your eyes saw my unformed substance; in your book were written, every one of them, the days that were formed for me, when as yet there was none of them."); *Isaiah* 44:2 ("Thus says the Lord who made you, who formed you from the womb"); *Isaiah* 44:24 ("Thus says the Lord, your Redeemer, who formed you from the womb: 'I am the Lord, who made all things'"); *Isaiah* 49:1 ("The Lord called me from the womb, from the body of my mother he named my name"); *Isaiah* 49:5 ("And now the Lord says, he who formed me from the womb to be his servant,"); *Jeremiah* 1:5 ("Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations").

Employees may also have sincerely held religious beliefs that every child's life is sacred because each is made in the image of God. See *Genesis* 1:26–27 ("Then God said, 'Let us make

man in our image, after our likeness.... So God created man in his own image, in the image of God he created him; male and female he created them.”).

Many employees also have sincerely held religious beliefs that because life is sacred from the moment of conception, the killing of that innocent life is the murder of an innocent human in violation of Scripture. *See, e.g., Exodus 20:13* (“You shall not murder”); *Exodus 21:22–23* (setting the penalty as death for even the accidental killing of an unborn child); *Exodus 23:7* (“do not kill the innocent and righteous”); *Genesis 9:6* (“Whoever sheds the blood of man, by man shall his blood be shed, for God made man in his own image.”); *Deuteronomy 27:25* (“Cursed be anyone that takes a bride to shed innocent blood”); *Proverbs 6:16–17* (“There are six things that the Lord hates, seven that are an abomination to him: . . . hands that shed innocent blood”).

The Hebrew word for “abomination” in the text above is תועבה (to’eba). The verbal form is “abhor,” “loathe,” “detest,” and “exclude.” Twelve times the Book of Proverbs uses תועבה in reference to an “abomination to the LORD.” (יהוה or Yahweh). The word is also used in conjunction with the Ammonites and the Ashtoreth, the Sidonians, Chemosh, and Moab. Some of these nations sacrificed their children to Baal. Indeed, *Jeremiah 19:4–9*, refers to the shedding of innocent blood by sacrificing children as the reason for judgement against Judah. Abortion is the modern-day sacrifice of children made in the image of God. Many United employees do want to part of such an “abomination.” They do not want indirectly or directly be in any way associated with abortion. To do so is abhorrent, loathsome, detestable, abominable to God. In short, to require these employees to inject a substance into their bodies that has any association (no matter how near or remote to abortion) is a sin against their Creator, their Lord, and their Savior.

Employees may also have sincerely held religious beliefs that it would be better to tie millstones around their necks and be drowned in the sea than to bring harm to an innocent child. *See Matthew 18:6; Luke 17:2.*

Many employees also have sincerely held religious beliefs that their bodies are temples of the Holy Spirit, and that to inject medical products that have any connection whatsoever to aborted fetal cell lines would be defiling the temple of the Holy Spirit. (*See 1 Corinthians 6:15–20* (KJV) (“Do you not know that your bodies are members of Christ? . . . Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, for you were bought with a price. So glorify God in your body.”)).

Thus, while there may be leaders and other adherents of certain employees’ faith traditions whose understanding of Scripture is different, and who may be willing to accept one of the three currently available COVID-19 vaccines despite their association with aborted fetal cell lines, that is irrelevant to the protection of United employees who sincerely believe otherwise. Likewise irrelevant is whether any United employee currently seeking a religious exemption formerly understood or believed any religious doctrine differently. Because all three of the currently available COVID-19 vaccines are developed, produced from, tested with, researched on, or otherwise associated with the aborted fetal cell lines HEK-293 and PER.C6, many United employees’ sincerely held religious beliefs compel them to abstain from accepting or injecting any of these products into their body, regardless of the perceived benefits or rationales.

Requiring employees that to obtain a religious exemption they have to be an adherent of a recognized religion with a history of opposition to vaccines. Employees are also being told they need to include a letter from a clergy to support their sincere religious beliefs. This is false and unlawful. The only issue is whether the employee has a sincere religious belief, not whether a clergy or a "recognized religion" (whatever that is) agrees.

In sum, it is unlawful to condition any employee's request for religious accommodation on a third party's beliefs or acknowledgement of the employee's beliefs, or on the employee's past health decisions or the theological reasons for those decisions.

EMPLOYERS CAN REASONABLY ACCOMMODATE THEIR EMPLOYEES

When boarding an Alaska Air flight, passengers at the boarding gate see a pop-up sign:

IT'S SAFE
TO FLY—AND
EXPERTS AGREE.

Travelers wearing a mask have a .003% or
NEAR-ZERO CHANCE
of being exposed to the virus,
even on a full aircraft
according to a recent Department of Defense study.¹

Air travel is the safest mode of
Transportation thanks to . . .

HOSPITAL-GRADE AIR FILTRATION

CLEAN AIR EXCHANGE
According to researchers at Harvard.²

TOP-DOWN AIR FLOW

The Department of Defense study referenced on the sign was done in conjunction with United Airlines. It is hypocritical for United to feign the need for universal employee vaccination when United participated in the study being touted by airlines as concluding the risk of air traveler exposure to be 0.003%, or "NEAR-ZERO CHANCE."

¹ David Silcott, *et al.*, *TRANSCOM/AMC Commercial Aircraft Cabin Aerosol Dispersion Tests*, <https://www.ustranscom.mil/cmd/docs/TRANSCOM%20Report%20Final.pdf> (last visited Aug. 27, 2021).

² Harvard T.H. Chan School of Public Health, *Assessment of Risks of SARS-CoV-2 Transmission during Air Travel and Non-Pharmaceutical Interventions to Reduce Risk, Phase One Report: Gate-to-Gate Travel Onboard Aircraft*, <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2443/2020/10/Phase-One-Report-Highlights-1.pdf> (last visited Aug. 27, 2021).

The above example applies to airlines, but the same reasoning is true of all employers. Healthcare professionals have worked for months through the pandemic without the shots. Other employees have either worked onsite or remote, and thus employers have demonstrated over many months that they can reasonably accommodate all employees.

The accommodation employees are requesting from any employer no matter the specific job duty is an exemption from the COVID-19 shots. Past history is prologue in this respect, as (1) employers have been providing such accommodation ever since the first COVID-19 shot was available to the public in December 2020, (2) all phases of the employment sectors have been working through the pandemic up to the present, even during the peak of COVID-19, without the shots, even if some of the work was done remotely; (3) the Delta variant has been in the United States for months, and employees continued to work through the present without the COVID-19 shots; (4) many health and safety measures have been implemented to protect the health and safety of employees and customers by requiring PPE and other measures without mandating the COVID-19 shots; (5) nothing has changed except the recent mandate; and (6) therefore months of history during COVID-19, with the Delta variant, during which COVID-19 shots were available, combined with the health and safety measures such as PPE, social distancing, sanitization, air filtration, and implementing and virtual remote work options are reasonable accommodations that permitted employers and employees to operate. The accommodation request is to continue to permit your employees to work in the same manner without diminution as you have done for many months.

In light of this very relevant past history, there are no conceivable circumstances under which employers can now argue that they face an undue hardship to accommodate employees with sincerely held religious objections to the COVID-19 vaccines.

The Emergency Use Authorization Statute Prohibits Mandating the Currently Available COVID-19 Vaccines

The United States Code provides:

[S]ubject to the provisions of this section, the Secretary (of the Department of Health and Human Services) may authorize the introduction into interstate commerce, during the effective period of a declaration under subsection (b), of a drug, device, or biological product intended for use in an actual or potential emergency (referred to in this section as an "emergency use."

21 U.S.C. § 360bbb-3(a)(1) (emphasis added) [hereinafter EUA Statute]. As an essential part of the explicit statutory conditions for EUA, the EUA Statute mandates that all individuals to whom the EUA product may be administered be given the option to accept or refuse administration of the product. See 21 U.S.C. § 360bbb-3(e)(1)(A)(ii)(III) (requiring that "individual to whom the product is administered are informed . . . of the option to accept or refuse administration of the product" (emphasis added)). The only currently available COVID-19 vaccines (Janssen/Johnson & Johnson, Moderna, and Pfizer-BioNTech) are only authorized for use under the EUA Statute

and have no general approval under federal law. Thus, the administration of such vaccines cannot be mandatory under the plain text of the EUA Statute.

The statutorily required Fact Sheets for each of the EUA COVID-19 vaccines acknowledge that individuals cannot be compelled to accept or receive the vaccine. *See Moderna, Fact Sheet for Recipients and Caregivers* (June 24, 2021), <https://www.fda.gov/media/144638/download> (“It is your choice to receive or not to receive the Moderna COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.” (emphasis added)); *Pfizer-BioNTech, Fact Sheet for Recipients and Caregivers* (June 25, 2021), <https://www.fda.gov/media/144414/download> (“It is your choice to receive or not to receive the Pfizer-BioNTech COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.” (emphasis added)); *Janssen, Fact Sheet for Recipients and Caregivers* (July 8, 2021), <https://www.fda.gov/media/146305/download> (“It is your choice to receive or not to receive the Janssen COVID-19 Vaccine. Should you decide not to receive it, it will not change your standard medical care.” (emphasis added)).

The recent FDA biologics license application (BLA) approval of the product COMIRNATY, COVID-19 Vaccine, mRNA, manufactured by BioNTech Manufacturing GmbH,³ does not change the EUA status of the Pfizer-BioNTech COVID-19 Vaccine that has been available under EUA since December 23, 2020.⁴ According to the EUA extension letter issued by the FDA to Pfizer on August 23, 2021, the Pfizer-BioNTech COVID-19 Vaccine and BioNTech’s COMIRNATY, COVID-19 Vaccine, mRNA “are legally distinct” products.⁵ Moreover, the now “approved” COMIRNATY vaccine cannot be distributed for use until BioNTech submits “final container samples of the product in final containers together with protocols showing results of all applicable tests” and BioNTech receives “a notification of release from the Director, Center for Biologics Evaluation and Research (CBER).”⁶ Thus, it is not clear when (or if) any United employee will have access to the “approved” COMIRNATY vaccine, leaving all (or at least the vast majority of) United employees who elect to receive the “Pfizer” vaccine pursuant to United’s mandatory vaccine policy to receive a dose of the current stock of Pfizer-BioNTech vaccine still being administered subject to EUA rules.

The following summarizes the current status of the Pfizer-BioNTech shots:

1. All existing Pfizer vials (in the hundreds of millions), remain under the federal Emergency Use Authorization (EUA) (meaning people have the “option to accept or refuse”);
2. The third or “booster” Pfizer shot is identical to the above and remains under the EUA with limited use to certain categories of people;
3. BioNTech received FDA approval for people ages 16 and above under the name Comirnaty, but there are no Comirnaty doses available in the United States;

³ BLA Approval Letter for COMIRNATY, COVID-19 Vaccine, mRNA (Aug. 23, 2021), <https://www.fda.gov/media/151710/download>.

⁴ EUA Extension Letter for Pfizer-BioNTech COVID-19 Vaccine (Aug. 23, 2021), <https://www.fda.gov/media/150386/download>.

⁵ See EUA Extension Letter, *supra* note 4, at 2 n.8.

⁶ See BLA Approval Letter, *supra* note 3, at 2.

4. In other words, there is currently NO FDA approved COVID-19 injection available anywhere in the United States. Every COVID shot in America remains under the EUA law and thus people have the “option to accept or refuse” them; and
5. Even when an FDA approved COVID shot becomes available, individuals are protected by federal law and many states laws from being forced to get these shots based on their sincere religious beliefs or conscience rights.⁷

Thus, under the EUA Statute, administration of the **currently available** vaccines cannot be mandatory. At any rate, even without the EUA Statute, these employees still have legal rights for religious accommodation under state and federal law.

CONCLUSION

Employers cannot compel compliance with a mandatory COVID-19 vaccination policy against their sincerely held religious beliefs without providing reasonable accommodation. Based on past history, there are no conceivable circumstances under which employers—which for months provided reasonable accommodations to employees—cannot now do the same. It is unlawful for an employer to deny or interfere with any employee’s request for religious accommodation because other religious adherents have different beliefs.

⁷ <https://lc.org/newsroom/details/082721-fda-does-a-bait-and-switch-with-covid-shots-1>

MCO 1730.9
12 JUL 2021

CHAPLAIN INTERVIEW CHECKLIST TEMPLATE

Requester:			Interview Date:		
Name:			Chaplain Interviewer:		
Phone:			Phone:		
Email:			E-mail:		
Command:			Chaplain's Command:		
Interview Preliminaries					
Yes	No	N/A			
			Chaplain reviewed policy and doctrine on religious accommodation and the policy for which the requestor is seeking accommodation.		
			Requester was notified that the interview is not confidential and will be used to advise the command.		
			Chaplain explained to the requester that confidential support can be received from another chaplain.		
			Requester has been granted a waiver for this practice previously.		
Type of Waiver Requested					
Yes	No	N/A			
			Uniform standards		
			Grooming standards		
			Immunization requirements		
			DNA sampling		
			Other (Please describe):		
Interview					
Yes	No	N/A			
			Requester's beliefs (conscience, moral principles, or religious beliefs) seemed honestly and sincerely held using one or more of the following factors:		
			1. Requester was credible (consistently keeps tenets, practices, etc.).		
			2. Requester's demeanor and pattern of conduct are consistent with the request.		
			3. Requester participates in activities associated with the belief(s).		
			4. Other persons supporting the claim are credible.		
			5. Request is supported by letter(s) of verification or endorsement from an organization espousing the beliefs which are the basis for the claim.		
			Alternate means of accommodating the practice were explored in the interview.		
Process Checklist					
Yes	No	N/A			
			Chaplain has prepared a memorandum documenting the interview.		
			Chaplain reviewed memorandum with requester and provided a copy.		
			Chaplain submitted the memorandum and this document to the commanding officer via chain of command.		
			Chaplain referred requester to command to process request.		